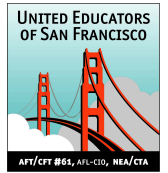


# Virginia Scatena Memorial Fund Application

Applications Due by 5:00 p.m. on Friday, February 2, 2024



Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

SS#: \_\_\_\_\_

Years in San Francisco School District: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_

School of current or last assignment: \_\_\_\_\_

Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

SFUSD ID# \_\_\_\_\_

Financial Status / Assets: (***Please state amounts***)

Savings: \_\_\_\_\_ Bonds: \_\_\_\_\_

Real Estate: \_\_\_\_\_ Stocks: \_\_\_\_\_

Checking: \_\_\_\_\_

Liabilities: (Please state amounts) \_\_\_\_\_

Notes: \_\_\_\_\_

Charge Accounts: \_\_\_\_\_

Mortgages: \_\_\_\_\_

Other: \_\_\_\_\_

PLEASE COMPLETE THE REVERSE OF THIS FORM

(Include copies of pages 1 - 2 of your most current IRS 1040 tax form for verification)

Total Monthly Income (from reverse) \$ \_\_\_\_\_

Total Monthly Expense (from reverse) \$ \_\_\_\_\_

I certify that the above statement is true and complete to the best of my ability and I have not omitted any assets, nor have I excluded any sources of income from this statement.

Date Signature of Applicant \_\_\_\_\_

*The Committee will keep all information on the application strictly confidential.*

I. MONTHLY INCOME:

1. Monthly Wage \$ \_\_\_\_\_
2. STRS/City Pension \$ \_\_\_\_\_
3. Other Pension \$ \_\_\_\_\_
4. STRS Supplemental \$ \_\_\_\_\_
5. Social Security \$ \_\_\_\_\_
6. Disability Income \$ \_\_\_\_\_
7. Investments \$ \_\_\_\_\_
8. Spouse/partner household income \$ \_\_\_\_\_
9. Other (please specify) \$ \_\_\_\_\_

Monthly Total: \$ \_\_\_\_\_

II. MONTHLY EXPENSES:

1. Rent / Mortgage \$ \_\_\_\_\_
2. Property Taxes \$ \_\_\_\_\_
3. Utilities \$ \_\_\_\_\_
4. Telephone/cell/internet/cable \$ \_\_\_\_\_
5. Medical \$ \_\_\_\_\_  
Out of pocket
6. Dental \$ \_\_\_\_\_
7. All insurance (including medical & dental) \$ \_\_\_\_\_
8. Food \$ \_\_\_\_\_
9. Transportation \$ \_\_\_\_\_
10. Other (please specify) \$ \_\_\_\_\_

Monthly Total: \$ \_\_\_\_\_

### III. BRIEF STATEMENT OF NEED:

Mail or Email complete application to:	
Scatena Memorial Fund c/o UESF 2310 Mason St., 2 <sup>nd</sup> Floor San Francisco, CA 94133	<a href="mailto:galmanza@uesf.org">galmanza@uesf.org</a>

*AVW/bi opei-u-29 afl-cio (209) revised 01/14/21*